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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

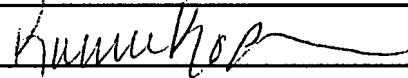
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard; Amendment/Response Transmittal |
| <input type="text"/> Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | PILLSBURY WINTHROP SHAW PITTMAN LLP | | |
| Signature |  | | |
| Printed name | Carolyn S. Lu | | |
| Date | June 25, 2007 | Reg. No. | 56,817 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|---------------|
| Signature |  | | |
| Typed or printed name | Kumiko Alexander | Date | June 25, 2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 10/659,948 |
| Filing Date | September 10, 2003 |
| First Named Inventor | Timothy A. Hovanec |
| Examiner Name | Irene Marx |
| Art Unit | 1651 |
| Attorney Docket No. | 081289-0294309 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 033975 Deposit Account Name: Pillsbury Winthrop et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 (including Reissues) Fee (\$)
 Fee (\$)Each independent claim over 3 (including Reissues) Fee (\$)
 Fee (\$)Multiple dependent claims Fee (\$)
 Fee (\$)

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| - 20 or HP = | x | = | | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | | | |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

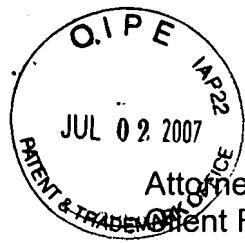
Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|---------------|---|------------------------|
| Signature | | Registration No. (Attorney/Agent) 56,817 | Telephone 213.488.7238 |
| Name (Print/Type) | Carolyn S. Lu | | Date June 25, 2007. |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney's Docket 081289-0294309

Reference:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
TIMOTHY A. HOVANEC ET AL.

Confirmation Number: 7889

Application No.: 10/659,948

Group Art Unit: 1651

Filed: September 10, 2003

Examiner: Irene Marx

For: METHOD OF USING AMMONIA-OXIDIZING BACTERIA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

| CLAIMS | | | | | | | | | |
|-------------------------------------|----|------------|-------------|---|------|-----------|-----------|------------|---------|
| REMAINING | | | HIGHEST NO. | | | | | | |
| AFTER | | PREVIOUSLY | PRESENT | | | | | | |
| AMENDMENT | | PAID FOR | EXTRA | | RATE | | | ADDIT. FEE | |
| TOTAL | 10 | - | 21 | = | 0 | \$ 50.00 | x | \$ 0.00 | |
| INDEP. | 4 | - | 7 | = | 0 | \$ 200.00 | x | \$ 0.00 | |
| FIRST PRESENTATION OF MULTIPLE DEP. | | | | | | | + | | |
| CLAIM | | | | | | | \$ 360.00 | = | \$ 0.00 |
| TOTAL ADDITIONAL CLAIM FEE | | | | | | | | \$ 0.00 | |
| GRAND TOTAL | | | | | | | | \$ 0.00 | |

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: 6/25/07

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Los Angeles, CA 90017-5406
213 488.7238


CAROLYN S. LU
Reg. No. 56,817

CERTIFICATION UNDER 37 C.F.R. § 1.8 and/or 1.10*

(When using Express Mail, the Express Mail label number is **mandatory**; *Express Mail certification is optional*.)

I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Signature

Date: June 25, 2007

KUMIKO ALEXANDER
(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.